

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>ZURC-126112350</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Zurich American Insurance Company</i> | <i>State Tracking Number:</i> | <i>42144</i> |
| <i>Company Tracking Number:</i> | <i>CW AH 28579</i> | | |
| <i>TOI:</i> | <i>H03G Group Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03G.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing</i> | | |
| <i>Project Name/Number:</i> | <i>CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579</i> | | |

Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Basic Accident Policy - Safety SERFF Tr Num: ZURC-126112350 State: ArkansasLH

Device Benefit Endorsement - Correction Filing

TOI: H03G Group Health - Accidental Death & SERFF Status: Closed State Tr Num: 42144

Dismemberment

Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: CW AH 28579 State Status: Approved-Closed

& Dismemberment

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Rosalind Minor

Authors: Linda Kulpa, Patricia

Disposition Date: 04/29/2009

Chudik

Date Submitted: 04/14/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 05/15/2009

Implementation Date:

State Filing Description:

General Information

Project Name: CW AH 28579 - Basic Accident Policy - Safety Device Status of Filing in Domicile: Pending

Benefit Endorsement - Correction Filing

Project Number: CW AH 28579

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Blanket

Filing Status Changed: 04/29/2009

Explanation for Other Group Market Type:

State Status Changed: 04/29/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to correct an error in a previously-approved endorsement to our Basic Accident Policy.

The purpose of this filing is to correct an editorial error in two endorsements for our Basic Accident Policy.

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>ZURC-126112350</i> | <i>State:</i> | <i>Arkansas</i> |
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| <i>TOI:</i> | <i>H03G Group Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03G.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing</i> | | |
| <i>Project Name/Number:</i> | <i>CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579</i> | | |

In the header of each form, we referenced the "Group Accident Policy" in error. The forms are intended to be used with our Basic Accident Policy.

We have also revised the form numbers and edition dates to avoid confusion with the original forms.

The original forms we filed and approved in Arkansas under company tracking number CW-AH-28358 and SERFF tracking number ZURC- 126051084. The department tracking number is 41682.

We noticed that we had made an incorrect reference in the third line of the endorsements. The line currently reads: "This endorsement modifies insurance provided under the Group Accident Policy." We have amended the third line to read: "This endorsement modifies insurance provided under the Basic Accident Policy."

We have changed the form numbers and the edition date for clarity. No other changes have been made to the form. This revision has no impact on the rates for these endorsements.

Company and Contact

Filing Contact Information

| | |
|----------------------------------|-------------------------|
| Patricia Chudik, Product Analyst | pat.chudik@zurichna.com |
| 1400 American Lane | (847) 605-7714 [Phone] |
| Schaumburg, IL 60196-1056 | (847) 605-7768[FAX] |

Filing Company Information

| | | |
|-----------------------------------|-------------------------|-----------------------------|
| Zurich American Insurance Company | CoCode: 16535 | State of Domicile: New York |
| 1400 American Lane | Group Code: 212 | Company Type: |
| Schaumburg, IL 60102 | Group Name: | State ID Number: |
| (847) 605-6000 ext. [Phone] | FEIN Number: 36-4233459 | |
| | ----- | |

Filing Fees

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------------------|---------|----------------|---------------|
| Zurich American Insurance Company | \$50.00 | 04/14/2009 | 27150265 |

Correspondence Summary

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/29/2009 | 04/29/2009 |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>ZURC-126112350</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Zurich American Insurance Company</i> | <i>State Tracking Number:</i> | <i>42144</i> |
| <i>Company Tracking Number:</i> | <i>CW AH 28579</i> | | |
| <i>TOI:</i> | <i>H03G Group Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03G.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing</i> | | |
| <i>Project Name/Number:</i> | <i>CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579</i> | | |

Disposition

Disposition Date: 04/29/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-126112350 State: Arkansas

Filing Company: Zurich American Insurance Company State Tracking Number: 42144

Company Tracking Number: CW AH 28579

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing

Project Name/Number: CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-----------------|---------------|
| Supporting Document | Flesch Certification | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Supporting Document | Statement of Variables | Approved-Closed | Yes |
| Supporting Document | Explanatory Memo | Approved-Closed | Yes |
| Supporting Document | Cover Letter | Approved-Closed | Yes |
| Form | Safety Device Benefit Amendatory Endorsement | Approved-Closed | Yes |
| Form | Safety Device Benefit Amendatory Endorsement (Certificate) | Approved-Closed | Yes |

SERFF Tracking Number: ZURC-126112350 State: Arkansas

Filing Company: Zurich American Insurance Company State Tracking Number: 42144

Company Tracking Number: CW AH 28579

TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment

Product Name: Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing

Project Name/Number: CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579

Form Schedule

Lead Form Number: U-VA-115-B

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|-----------------|-----------------------|-----------------------------|--|---------|----------------------|-------------|--------------------|
| Approved-Closed | U-TA-115-B CW (04/09) | Policy/Cont ract/Fratern al | Safety Device Benefit Initial Amendatory Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 39 | UTA115BCW 0409.pdf |
| Approved-Closed | U-TA-116-B CW (04/09) | Policy/Cont ract/Fratern al | Safety Device Benefit Initial Amendatory Endorsement Certificate: (Certificate) Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 39 | UTA116BCW 0409.pdf |

AMENDATORY ENDORSEMENT
Safety Device Benefit



ZURICH AMERICAN INSURANCE COMPANY
Schaumburg, Illinois

This endorsement, effective [____], forms a part of **Policy No.**[____], issued to [____].

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

SECTION II – SCHEDULE is amended to include the following:

ADDITIONAL BENEFITS:
Safety Device Benefit

Classes Covered
[ALL]

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

SAFETY DEVICE BENEFIT

If a[n] **[Insured][Covered Person]** suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, **We** will pay an additional benefit, [which equals [25%] of the **Insured's Principal Sum** up to a maximum] of [\$25,000], provided that the **[Insured][Covered Person]** was:

1. [operating] [or riding as a passenger] [in or on] [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided the **[Insured's][Covered Person's]** seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while the **[Insured][Covered Person]** is swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while the **[Insured][Covered Person]** is operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
 - e. [an **Approved Snowmobile Helmet** while the **[Insured][Covered Person]** is operating or riding as a passenger on a snowmobile that is being operated legally.]
 - f. [an **Approved Bicycle Helmet**, while the **[Insured][Covered Person]** is legally operating a bicycle.]
 - g. [an **Approved Ski Helmet** while the **[Insured][Covered Person]** is engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
 - h. [an **Approved Equestrian Helmet** while the **[Insured][Covered Person]** is engaged in horseback riding.]
 - i. [an **Approved Protective Helmet** while the **Insured** is actively at work.]
 - j. [**Approved Body Armor** while the **Insured** is actively at work.]

Verification of the [Insured's][Covered Person's] actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

[[We will not pay a **Safety Device Benefit** if the [Insured][Covered Person] was the driver or operator of [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time the [Insured][Covered Person] was:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD)] means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

[Approved Motorcycle Helmet] means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

[Approved Snowmobile Helmet] means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

[Approved Bicycle Helmet] means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

[Approved Ski Helmet] means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

[Approved Equestrian Helmet] means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

[Approved Protective Helmet] means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

[Approved Body Armor] means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. []

Signed for by Zurich American Insurance Company



Date: _____

This endorsement, effective [____], forms a part of **Policy No.**[____], issued to [____].

THIS ENDORSEMENT CHANGES THE CERTIFICATE. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the Basic Accident Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Certificate**:

SECTION II – SCHEDULE is amended to include the following:

ADDITIONAL BENEFITS:
Safety Device Benefit

Classes Covered
[ALL]

SECTION VI – ADDITIONAL BENEFITS is amended to include the following:

SAFETY DEVICE BENEFIT

If [You][or][Your Dependent] suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, **We** will pay an additional benefit, [which equals [25%] of the **Insured's Principal Sum** up to a maximum] of [\$25,000], provided that [You][or][Your Dependent] was:

1. [operating] [or riding as a passenger] [in or on] [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided [You][or][Your Dependent's] seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while [You][or][Your Dependent] [are][is] swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while [You][or][Your Dependent] [are][is] operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
 - e. [an **Approved Snowmobile Helmet** while [You][or][Your Dependent] [are][is] operating or riding as a passenger on a snowmobile that is being operated legally.]
 - f. [an **Approved Bicycle Helmet**, while [You][or][Your Dependent] [are][is] legally operating a bicycle.]
 - g. [an **Approved Ski Helmet** while [You][or][Your Dependent] [are][is] engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
 - h. [an **Approved Equestrian Helmet** while [You][or][Your Dependent] [are][is] engaged in horseback riding.]
 - i. [an **Approved Protective Helmet** while **You** are actively at work.]
 - j. [**Approved Body Armor** while **You** are actively at work.]

Verification of [You][or][Your Dependent's] actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

[[We will not pay a **Safety Device Benefit** if [You][or][Your Dependent] was the driver or operator of [any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time [You][or][Your Dependent] [were][was]:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD)] means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

[Approved Motorcycle Helmet] means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

[Approved Snowmobile Helmet] means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

[Approved Bicycle Helmet] means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

[Approved Ski Helmet] means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

[Approved Equestrian Helmet] means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

[Approved Protective Helmet] means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

[Approved Body Armor] means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Endorsement No. []

Signed for by Zurich American Insurance Company



Date: _____

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>ZURC-126112350</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Zurich American Insurance Company</i> | <i>State Tracking Number:</i> | <i>42144</i> |
| <i>Company Tracking Number:</i> | <i>CW AH 28579</i> | | |
| <i>TOI:</i> | <i>H03G Group Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03G.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing</i> | | |
| <i>Project Name/Number:</i> | <i>CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579</i> | | |

Rate Information

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>ZURC-126112350</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Zurich American Insurance Company</i> | <i>State Tracking Number:</i> | <i>42144</i> |
| <i>Company Tracking Number:</i> | <i>CW AH 28579</i> | | |
| <i>TOI:</i> | <i>H03G Group Health - Accidental Death & Dismemberment</i> | <i>Sub-TOI:</i> | <i>H03G.000 Health - Accidental Death & Dismemberment</i> |
| <i>Product Name:</i> | <i>Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing</i> | | |
| <i>Project Name/Number:</i> | <i>CW AH 28579 - Basic Accident Policy - Safety Device Benefit Endorsement - Correction Filing/CW AH 28579</i> | | |

Supporting Document Schedules

| | | | | |
|-------------------------|------------------------------------|-----------------------|-----------------|------------|
| Satisfied -Name: | Flesch Certification | Review Status: | Approved-Closed | 04/29/2009 |
| Comments: | | | | |
| Attachment: | UTA Certificate of Readability.pdf | | | |

| | | | | |
|-------------------------|--|-----------------------|-----------------|------------|
| Satisfied -Name: | Application | Review Status: | Approved-Closed | 04/29/2009 |
| Comments: | Application from Base Filing is: U-TA-105-A AR (05/07) and the date of approval is: 6-27-2007, DOI #: 35825, SERFF #: ZURC-125170246 | | | |

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|-------------------------|---|-----------------------|-----------------|------------|
| Satisfied -Name: | Statement of Variables | Review Status: | Approved-Closed | 04/29/2009 |
| Comments: | | | | |
| Attachment: | ZAIC Safety Device Benefit Statement of Variables for UTA Forms.pdf | | | |

| | | | | |
|-------------------------|-------------------------------|-----------------------|-----------------|------------|
| Satisfied -Name: | Explanatory Memo | Review Status: | Approved-Closed | 04/29/2009 |
| Comments: | | | | |
| Attachment: | Explanatory Memo Arkansas.pdf | | | |

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|-------------------------|------------------|-----------------------|-----------------|------------|
| Satisfied -Name: | Cover Letter | Review Status: | Approved-Closed | 04/29/2009 |
| Comments: | | | | |
| Attachment: | Cover Letter.pdf | | | |

Certificate of Readability



Zurich American Insurance Company

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy forms listed below have achieved the following Flesch Scores using the Flesch Reading Ease software published by Micro Power & Light Co.:

| Form Number | Title | Flesch Score |
|-----------------------|---|--------------|
| U-TA-115-A CW (02/09) | ZAIC Policy Amendatory Endorsement Safety Device Benefit | 39 |
| U-TA-116-A CW (02/09) | ZAIC Certificate Amendatory Endorsement Safety Device Benefit | 39 |

Signature: 

Officer: Lisa Plante

Title: Vice President

Date: February 16, 2009

Statement of Variables



Zurich American Insurance Company
Schaumburg, Illinois

POLICY AMENDATORY ENDORSEMENT SAFETY DEVICE BENEFIT

Page 1

This endorsement, effective [____],
forms a part of **Policy No.**[____],

issued to [____].

Effective date of the Endorsement
Policy Number of Policy to which this Endorsement is
attached.
Name of Policyholder

SECTION II – SCHEDULE CLASSES COVERED [ALL]

The appropriate Classes Covered will be inserted.

SECTION VI – ADDITIONAL BENEFITS

If an

[Insured]

[Covered Person]

suffers an **Injury** resulting in a **Covered Loss**, which is
payable under the **Accidental Death Benefit**, and the
Injury which caused the accidental death directly resulted
from an **Accident**, We will pay an additional benefit,
[which equals [25%] of the **Insured's Principal Sum** up to
a maximum] of

[\$25,000], provided that the

[Insured]

[Covered Person] was:

1. [operating]
[or riding as a passenger]
[in or on]
[any private passenger automobile, motorcycle,
scooter, moped, bicycle, boat or seagoing vessel,
sailboard, personal watercraft, all-terrain vehicle,
all-terrain cycle, snowmobile or while participating
in downhill skiing, snowboarding, horseback riding,
water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's
instructions, any of the following:
 - a. [an original, equipped, factory installed or
manufacturer authorized and unaltered seat
belt, or lap and shoulder restraint at the time of
the **Injury**.]
 - b. [a manufacturer equipped air bag, provided the
[Insured's]
[Covered Person's]
seat belt or lap and shoulder restraint was
fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device**
while the
[Insured]
[Covered Person]
is swimming, engaging in water sports or

This will be in or out.

This will be in or out.

This will be in or out. If in, the range will be 10% - 25%.

The range will be \$10,000 - \$50,000.

This will be in or out.

The will be in or out.

This will be in or out.

This will be in or out.

This will be in or out.

Any combination may be included.

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out.

legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]

- d. [an **Approved Motorcycle Helmet** while the **[Insured]**
[Covered Person]
is operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
- e. [an **Approved Snowmobile Helmet** while the **[Insured]**
[Covered Person]
is operating or riding as a passenger on a snowmobile that is being operated legally.]
- f. [an **Approved Bicycle Helmet**, while the **[Insured]**
[Covered Person]
is legally operating a bicycle.]
- g. [an **Approved Ski Helmet** while the **[Insured]**
[Covered Person]
is engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
- h. [an **Approved Equestrian Helmet** while the **[Insured]**
[Covered Person]
is engaged in horseback riding.]
- i. [an **Approved Protective Helmet** while the **Insured** is actively at work.]
- j. [an **Approved Body Armor** while the **Insured** is actively at work.]

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out.

This will be in or out.

This will be in or out.

Verification of the

[Insured's]

[Covered Person's]

actual use of the Safety Device is required as follows:

1. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
2. by other reasonable proof, acceptable to **Us**.

This will be in or out.
This will be in or out.

[[**We** will not pay a **Safety Device Benefit** if the **[Insured]**
[Covered Person]

was the driver or operator of

[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time the

[Insured]

[Covered Person] was:

1. [under the influence of alcohol:

This entire section will be in or out. If in:
This will be in or out;
This will be in or out;

Any combination may be included and will match the combination included in item 1 at the beginning of this section;

This will be in or out;
This will be in or out;
This will be in or out;

- a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
 2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
 3. [engaged in contests or competitions.]]
- This will be in or out;
- This will be in or out.

SAFETY DEVICE BENEFIT DEFINITIONS:

[Approved Personal Flotation Device (PFD) means a United States Coast Guard approved Type I, II, III or V PFD of appropriate size for the intended user. For water skiing, other towed activities or operation of a personal watercraft a PFD labeled for that activity must be used.]

This will be in or out.

[Approved Motorcycle Helmet means a helmet meeting United States Department of Transportation Federal Motor Vehicle Safety Standard (FMVSS) 218 or subsequent standard(s).]

This will be in or out.

[Approved Snowmobile Helmet means a helmet meeting the United States Department of Transportation FMVSS 218 or subsequent standard(s).]

This will be in or out.

[Approved Bicycle Helmet means a helmet meeting American Society of Testing and Materials (ASTM) standard F1447 or subsequent standard(s).]

This will be in or out.

[Approved Ski Helmet means a helmet conforming to Snell Memorial Foundation standards S-98 or RS-98 or ASTM standard F2040 or subsequent standard(s).]

This will be in or out.

[Approved Equestrian Helmet means a helmet conforming to Snell Memorial Foundation standard E-2001 or ASTM standard F1163 or subsequent standard(s).]

This will be in or out.

[Approved Protective Helmet means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

This will be in or out.

[Approved Body Armor means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

This will be in or out.

CERTIFICATE AMENDATORY ENDORSEMENT SAFETY DEVICE BENEFIT

Page 1

This endorsement, effective [____],
forms a part of **Policy** No. [____],

issued to [____].

Effective date of the Endorsement

Policy Number of Policy to which this Endorsement is
attached.

Name of Policyholder

SECTION II – SCHEDULE

CLASSES COVERED

[ALL]

The appropriate Classes Covered will be inserted.

SECTION VI – ADDITIONAL BENEFITS

If [You]

[or]

[Your Dependent] suffers an **Injury** resulting in a **Covered Loss**, which is payable under the **Accidental Death Benefit**, and the **Injury** which caused the **Accidental** death directly resulted from an **Accident**, We will pay an additional benefit,

[which equals [25%] of the **Insured's Principal Sum** up to a maximum] of

[\$25,000], provided that

[You]

[or]

[Your Dependent] was:

1. [operating]
[or riding as a passenger]
[in or on]
[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities]; and
2. wearing or protected by, as per manufacturer's instructions, any of the following:
 - a. [an original, equipped, factory installed or manufacturer authorized and unaltered seat belt, or lap and shoulder restraint at the time of the **Injury**.]
 - b. [a manufacturer equipped air bag, provided [You]
[or]
[Your Dependent's] seat belt or lap and shoulder restraint was fastened at the time of the **Accident**.]
 - c. [an **Approved Personal Flotation Device** while [You]
[or]
[Your Dependent]
[are]
[is]
swimming, engaging in water sports or legally operating or riding as a passenger in a boat, seagoing vessel, sailboard or personal watercraft.]
 - d. [an **Approved Motorcycle Helmet** while [You]

This will be in or out.

This will be in or out.

This will be in or out

This will be in or out. If in, the range will be 10% - 25%.

The range will be \$10,000 - \$50,000.

This will be in or out.

The will be in or out.

This will be in or out.

This will be in or out.

This will be in or out.

This will be in or out.

Any combination may be included.

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

This will be in or out;

This will be in or out;

This will be in or out;

This will be in or out.

This will be in or out. If in:

This will be in or out;

- [or]
[Your Dependent]
[are]
[is]
operating or riding as a passenger on a motorcycle, scooter, moped, all-terrain vehicle (ATV), or all-terrain cycle (ATC) that is being operated legally per all local and state laws, rules and regulations.]
- e. [an **Approved Snowmobile Helmet** while **[You]**
[or]
[Your Dependent]
[are]
[is]
operating or riding as a passenger on a snowmobile that is being operated legally.]
- f. [an **Approved Bicycle Helmet**, while **[You]**
[or]
[Your Dependent]
[are]
[is]
legally operating a bicycle.]
- g. [an **Approved Ski Helmet** while **[You]**
[or]
[Your Dependent]
[are]
[is]
engaged in downhill skiing or snowboarding, after purchasing a valid lift ticket and skiing/snowboarding during normal operating hours and on the marked premises of the facility selling the lift ticket.]
- h. [an **Approved Equestrian Helmet** while **[You]**
[or]
[Your Dependent]
[are]
[is] engaged in horseback riding.]
- i. [an **Approved Protective Helmet** while **You** are actively at work.]
- j. [**Approved Body Armor** while **You** are actively at work.]

This will be in or out;
This will be in or out;
This will be in or out;
This will be in or out.

This will be in or out. If in:
This will be in or out;
This will be in or out;
This will be in or out;
This will be in or out;
This will be in or out.

This will be in or out. If in:
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This will be in or out.

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This will be in or out;
This will be in or out;
This will be in or out.

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This will be in or out;
This will be in or out;
This will be in or out;
This will be in or out;
This will be in or out.
This will be in or out.
This will be in or out.

Verification of **[You]**
[or]
[Your Dependent's] actual use of the Safety Device is required as follows:

3. by supplying the official law enforcement report of the **Accident**, through certification by the investigating officers; or
4. by other reasonable proof, acceptable to **Us**.

This will be in or out.
This will be in or out.
This will be in or out.

[We] will not pay a **Safety Device Benefit** if **[You]**
[or]

This entire section will be in or out. If in:
This will be in or out;
This will be in or out;

[Your Dependent]

was the driver or operator of

[any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities], if at the time

[You]

[or]

[Your Dependent]

[were]

[was]:

1. [under the influence of alcohol:
 - a. a driver/operator will be conclusively presumed to be under the influence of alcohol if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the locale in which the **Accident** occurred, to be under the influence of alcohol if operating a motor vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the driver's intoxication; or]
2. [under the influence of any prescription drug, narcotic, or hallucinogen, unless such prescription drug, narcotic, or hallucinogen was prescribed by a physician and taken in accordance with the prescribed dosage; or]
3. [engaged in contests or competitions.]]

This will be in or out;

Any combination may be included and will match the combination included in item 1 at the beginning of this section;

This will be in or out;

This will be in or out;

This will be in or out;

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[Approved Protective Helmet] means a helmet complying with American National Standards Institute (ANSI) standard Z89.1-2003 or subsequent standard(s).]

This will be in or out.

[Approved Body Armor] means a ballistic-resistant vest complying with National Institute of Justice (NIJ) Standard-0101.06 or subsequent standard(s).]

This will be in or out.

**Basic Accident Policy
Safety Device Benefit Amendatory Endorsement
Correction Filing
U-TA-115-B CW (04/09)
U-TA-116-B CW (04/09)
CW AH 28579**

The purpose of this filing is to correct an editorial error in two endorsements for our Basic Accident Policy.

In the header of each form, we referenced the "Group Accident Policy" in error. The forms are intended to be used with our **Basic Accident Policy**.

We have also revised the form numbers and edition dates to avoid confusion with the original forms.

The original forms we filed and approved in Arkansas under company tracking number CW-AH-28358 and SERFF tracking number ZURC- 126051084. The department tracking number is 41682.

Zurich North America

Head Office 1400 American Lane Schaumburg, Illinois
60196-1056

Telephone (847) 605-3763 www.linda.kulpa@zurichna.com



April 10, 2009
Accident and Health

**Reference: Basic Accident Policy – New Optional Endorsement – Safety Device Benefit
Correction Filing**

Zurich American Insurance Company NAIC# 212 16535

Company Filing # CW AH 28579

Dear Sir or Madam:

In accordance with the filing requirements of your state, we enclose for your review and approval a new endorsement form filing responding to the needs of our customers. This endorsement provides an additional accidental death benefit if the covered person is wearing an approved safety device while engaged in certain specified activities at the time of a covered accident.

The purpose of this filing is to correct an editorial error in two endorsements for our Basic Accident Policy.

In the header of each form, we had referenced the "Group Accident Policy" in error. The forms are intended to be used with our **Basic Accident Policy**.

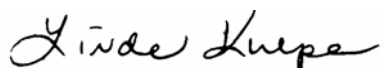
We have also revised the form numbers and edition dates to avoid confusion with the original forms.

Please see the explanatory memorandum for a complete description of this filing. The following documents are included in this submission:

- . • Final forms
- . • Explanatory memorandum
- . • Readability Certification

We request that this filing become as soon as statutes permit.

Sincerely,



Linda Kulpa, Filing Analyst, Regulatory Services